

DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Adamantane Derivatives in the Prevention and Treatment of Cerebral Ischemia

Docket Number: Merz 16, the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as  
Application Serial No. \_\_\_\_\_ and was amended  
on \_\_\_\_\_.  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Application Serial</u> <u>Number</u>	<u>Country</u>	<u>Filing Date</u> <u>(Day/Month/Year)</u>	<u>Priority Claimed</u> <u>(yes/no)</u>
89 106 657.3	EPO	April 14, 1989	Yes

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to

disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Application Serial</u> <u>Number</u>	<u>Filing Date</u>	<u>Status (Patented, Pending,</u> <u>Abandoned)</u>
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following person registered to practice before the Patent and Trademark Office as my attorney with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith and request that all correspondence be sent to him at the mailing address hereafter given:

Name GORDON W. HUESCHEN  
 Registration No. 16,157  
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310 East Michigan Avenue  
Kalamazoo, MI 49007

I further request that all telephone communications be directed to:

Name GORDON W. HUESCHEN  
 Telephone No. 616/382-0030

Inventor's signature Joachim Bormann ✓ 21.3.1990  
 Date

Full name of sole or first inventor Joachim Bormann  
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Second Inventor's signature [Signature] 21.3.90  
Date

Full name of second joint inventor, if any Markus R. Gold

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Third Inventor's signature [Signature] 03/21/90  
Date

Full name of third joint inventor, if any Wolfgang Schatten

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Fourth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Full name of fourth joint inventor, if any \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Fifth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Full name of fifth joint inventor, if any \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Sixth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Full name of sixth joint inventor, if any \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Seventh Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Full name of seventh joint inventor, if any \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_